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THIRD MID-YEAR MEETING

American Academy of Medicine

(SPECIALIZING IN MEDICAL SOCIOLOGY)

A Conference

ON

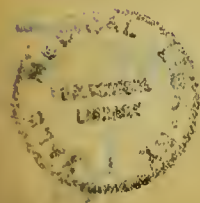
Prevention of Infant Mortality

LAMPSON HALL OF YALE UNIVERSITY

NEW HAVEN

NOVEMBER 11 AND 12

1909



LAMPSON HALL

Open at 10 a. m. Thursday, November 11

BUREAU (under direction of DR. MCINTIRE)

For REGISTRATION of Fellows, Delegates and Guests

SUBSCRIPTIONS for *Proceedings of the Conference*, and
Bulletin of the American Academy of Medicine

TICKETS for the banquet

INFORMATION

EXHIBITS (under direction of PROF. FISHER)

Closed during sessions

By Boston Committee on Milk and Baby Hygiene (graphic
representations, photographs, literature, equipment) and
others

SESSIONS

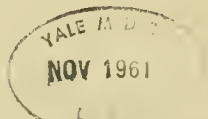
Thursday, 3.00 p. m.—Medical Prevention

8.30 p. m.—Philanthropic Prevention

Friday, 10.00 a. m.—Institutional Prevention

2.30 p. m.—Educational Prevention

5.30 p. m.—Executive Session of the American
Academy of Medicine (not open to the
public)



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American Academy of Medicine

(SPECIALIZING IN MEDICAL SOCIOLOGY)

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Conference on Prevention of Infant Mortality

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Prof. Adelaide Nutting, Department of Domestic Administration (Hospital Economics), Teachers' College, Columbia University

Dr. Thomas Morgan Rotch, Professor of Pediatrics, Harvard University

Mrs. Frederic Schoff, President of the National Congress of Mothers

Dr. William T. Sedgwick, Professor of Biology, Massachusetts Institute of Technology

Dr. Alice Weld Tallant, Professor of Obstetrics, Woman's Medical College of Pennsylvania

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OPENING SESSION

Thursday, November 11, 3 p. m.

President ARTHUR T. HADLEY, of Yale University, will say a few words of greeting.

DR. W. BLAIR STEWART, of Atlantic City, a vice president of the American Academy of Medicine, will open the Conference.

MEDICAL PREVENTION OF INFANT MORTALITY

Chairman

Dr. J. H. Mason Knox, Jr., associate in pediatrics, the Johns Hopkins University Medical School

Secretary

Dr. Richard A. Urquhart, the Johns Hopkins University

(1) *Address by the chairman:* The relation of alcoholism to infant mortality

Abstract: The importance of united effort to curtail the long prevailing infant mortality is at last being generally recognized. Physicians should be in the van of this movement because they as a class understand most thoroughly the factors bringing about this large death rate among infants, and know how it can be much diminished. Public sentiment must be aroused to insist upon suitable hygienic surroundings, adequate care and proper diet for every new-born babe. The minimum of these requirements must be pointed out by physicians. No field in medicine is more enticing. The potential energy of an infant saved from death by proper medical care and nursing supervision cannot possibly be reckoned. The future of these little lives cannot be foretold as can the lives of adults saved from disease. It behooves us then as physicians to investigate thoroughly every source of this appalling death rate and to make them known to the public, at the same time suggesting remedies.

Among the factors directly and indirectly destructive to the life of

infants in this country and in most civilized countries is acute and chronic alcoholism in the parents. The injurious effect of alcohol upon the infant is threefold. First: The mother's tissues, nervous system and other organs may be so weakened by taking alcohol as to lower her vitality greatly.

Second: The germinal cells of both parents may be more or less injured by the ingestion of large amounts of alcohol.

Third: Alcohol imbibed in large quantities by the pregnant mother may affect the vitality of the foetus. Reference is made to some experimental evidence in support of these positions. The disastrous effect of chronic alcoholism upon the home and so indirectly upon the infant life needs little emphasis in this section.

(2) Infant mortality in obstetric practice

Dr. Alice Weld Tallant, professor of obstetrics in the Woman's Medical College of Pennsylvania

Abstract: Still births and their causes. Death during early days of life and its causes. To reduce these we need (a) better care of expectant mothers in the matters of hygiene, occupation, recognition of deformities, treatment of ailments, etc.; (b) better care at confinements, extension of hospital outpractice services, training of midwives; (c) greater attention to the newborn, and more careful instruction of mothers in the care of infants.

(3) The relation of tuberculosis to infant mortality

Dr. Clemens von Pirquet, professor of pediatrics in the Johns Hopkins University

Abstract: The great frequency of tuberculosis among infants is shown by figures given in post-mortem examinations in Berlin, Vienna, and New York. The different clinical forms of infantile tuberculosis are described as chronic tuberculosis of the visceral glands (which is often mistaken as a gastro-intestinal marasm), chronic tuberculosis of the lungs, caseous pneumonia, and the meningitic and bronchitic forms of miliary tuberculosis. Children infected within the first year of age nearly always die from tuberculosis, whereas in older children the process is often localized. The symptoms of the early stages are described and the means of diagnosis, especially of the skin reaction, are given. The best prophylaxis would be the entire separation of infants from adults who are likely to be tuberculous, even separation from parents in such a case. As this cannot often be strictly carried out, prophylaxis has to be exercised at least in such a way as to avoid kissing and

fondling of children by tuberculous people and coughing in their presence.

(4) The relation of mothers' occupations and long hours to infant mortality

Dr. Caroline Hedger, of the United Charities of Chicago

Abstract: Facts from England, America (colored) and Germany bearing on connection between occupation of married women and infant mortality. Influences on child-bearing and on lactation of beast-of-burden trades, muscular fatigue trades, nervous fatigue trades, poisonous trades. Desirable modifications in these trades with respect to hours, sanitation, time-limit before and after confinement.

Secondary effects on infant mortality of married women at work: wages, drink, drugging, homes, abortion.

Women are in industry to stay, William Hard says. We cannot tomorrow dismiss 6,000,000. We must (1) Find out the effect of factory work on women by laboratories, enumeration, birth statistics. (2) So arrange labor that (a) the woman can work without losing her chance of normal motherhood, including lactation; (b) develop day-nurseries; (c) use them as laboratories for teaching infant feeding; (d) always tend toward a wage that will permit those who wish to remain at home.

(5) The relation of diet to infant mortality

Dr. J. P. Crozer Griffith, clinical professor of diseases of children in the University of Pennsylvania

Abstract: The excessive mortality of early life is referred to and the fact that this occurs principally in artificially fed children and is due chiefly to diarrhoeal disturbances. The mortality can be largely prevented by breast milk feeding. The difficulties in obtaining a suitable artificial food are dwelt upon. The reasons assigned for weaning, and the apparently increasing desire of mothers to nurse their children. The action of artificial feeding in increasing mortality. Sterilization and pasteurization. The importance of clean milk emphasized.

(6) The relation of syphilis to infant mortality

Dr. Richard A. Urquhart, instructor in pediatrics at the Johns Hopkins Medical School, Baltimore

Abstract: Of all the grave consequences following upon this one of the modern plagues none are so serious as those of heredity. The high

rate of infant mortality among the children of such parents is its greatest social danger. Many others, fortunate or unfortunate enough to survive its first effects, grow into a weakling childhood and manhood, a misery to themselves and a public charge. Few greater problems offer themselves to the philanthropist, to the social worker, the teacher and the state. The false position assumed toward social diseases by the authorities and the consequent ignorance of the far-reaching effect of such diseases is an everlasting disgrace to our modern civilization. It is high time that physicians, knowing its perils, force upon the powers that be the right of the public to protection, as in the case of any other contagious disease. The details of the required laws and methods of making them efficient will work themselves out. It is not merely prohibiting a fool from his folly. Too frequently the innocent suffer; the state is called on to support weaklings, and racial degeneracy results.

(7) The curative powers in human milk

J. Madison Taylor, A. M., M. D., of Philadelphia

Abstract: Scientific substitute infant-feeding, primarily a boon, often proves a peril. Physicians are lulled into a false sense of security and too readily allow mothers to omit breast-feeding. Mothers, both rich and poor, too often assume that it is just as well to use the bottle, thus imperilling life and health, and especially right constitutional development.

Sifting the evidence emphasizes the well known but inadequately realized fact that breast-feeding is of paramount value, not only as a food but as contributing to prevention and cure of infectious and other diseases; and, (2) the testimony from physiology as to the curative powers residing in the autoprotective qualities of the serum of milk, especially human milk.

(8) Excessive child-bearing as a factor in infant mortality

Dr. Alice Hamilton, Hull House, Chicago, (Memorial Institute for Infectious Diseases)

Abstract: This paper embodies the results of a statistical study of 160 families with regard to the number of children born and the number who died at birth, in infancy or in early childhood. The families selected were almost all from the poorer wage-earning class, the parents being foreign born in all but 3 per cent.

Families with six children and over were placed in one group, those with four children and less than four in another group. The percent-

age of child mortality in the first group was over $2\frac{1}{2}$ times that in the second group. As the nationality, economic standing, mode of life and knowledge of infant hygiene was the same for the two groups, the explanation of this great mortality in the larger families lies probably in the insufficient care given to the over-numerous children and in the exhaustion of the mothers through excessive child-bearing.

Grouped according to nationalities, the Jews show the lowest child death rate, with the American born next; the Italians the highest and the Germans, Irish and Slavs ranging in between in the order named.

(9) Infant morbidity and mortality with special reference to the French methods

Dr. Charles Richmond Henderson, professor of sociology in the University of Chicago

Abstract: What medical science seems to require in certain situations. The social organization necessary to make medical courses practically operative. The problems are considered with relation to the care of infants of unmarried women, and the infants of poor married mothers. Private and state methods in France; before, during and after confinement, for saving the baby and protecting the mother.

After each paper there will be an interval for five minute discussions.

SECOND SESSION

Thursday, November 11, 8.30 p. m.

PHILANTHROPIC PREVENTION OF INFANT MORTALITY

Chairman

Dr. Edward T. Devine, general secretary of the Charity Organization Society of the City of New York; Schiff professor of social economy, Columbia University; editor of *The Survey* (formerly *Charities and The Commons*)

Secretary

Miss Lilian Brandt, United Charities Building, 105 East 22d St., New York

(1) *Address by the chairman:* The waste of infant life

Abstract: It is sufficiently obvious that the enormous waste of infant life is a social problem of fundamental importance. Just how enormous the waste is we cannot exactly determine. It begins with the abortions and miscarriages which have been estimated to be the end of one pregnancy out of every five. It includes next the children born dead, though at full term, which happens, as nearly as we can tell, in about one case in twenty-eight. And the total is made up by the great numbers of babies born alive who die before they reach the age of one year. In New York one-seventh of all the babies born die before they are a year old, and their deaths make up between one-fifth and one-fourth of the total mortality.

An encouraging decrease can be seen in New York in the last forty years. Between the decades 1866-75 and 1896-1905 the infant death-rate decreased forty-three per cent, while the general death-rate decreased only twenty-six per cent.

In spite of this decrease it is the opinion of the medical experts that a large part of the infant deaths which now take place are preventable. The social economist adopts the medical expert's opinion, and it is his part to devise means for preventing that part of the preventable waste which is due to adverse social conditions.

"Prevention of infant mortality" is the subject of the Conference, but that is not the ultimate object. The phrase is symbolic, suggestive, for the important thing is not merely to prevent babies from dying, but to keep them well and increase their strength, to give them the best possible beginnings for their lives. The efforts which give promise of

the best and quickest returns are those which will decrease the proportion of premature and immature babies born, and will increase the proportion who are fed properly through their first year.

(2) The relation of race to infant mortality

Dr. Richard C. Cabot, assistant professor of medicine, Harvard Medical School; assistant visiting physician, the Massachusetts General Hospital

Abstract: This paper embodies the results of an examination of the vital statistics of Boston.

(4) A program for the reduction of infant mortality in New York City

Mr. Robert W. Bruère, general agent of the New York Association for Improving the Condition of the Poor

Abstract: The problem of infant mortality in New York City is primarily a problem of poverty. This statement is based on the records of the New York Department of Health. The evolution of the campaign against infant mortality among the poor is illustrated by the work of the New York Association for Improving the Condition of the Poor. Fresh air pleasure parties at Sea Breeze, Coney Island. Partial conversion of Sea Breeze from a picnic ground into a summer convalescent home and school for mothers. The inauguration of summer district work at Junior Sea Breeze in the heart of the city. The relation of this experiment to the Department of Health. All-year-round follow-up work in connection with children's dispensaries. The establishment of Infants' Milk Depots by the New York Milk Committee. Facts revealed by these Depots. Comparative importance of impure milk and low wages in determining the infant death rate. Influence of relief subsidies. The Model Milk Company and the price of pure milk. A choice necessary between an increase in the family income or a subsidy to poor mothers on the one hand, and a municipal milk supply on the other. Summary of the program.

(5) Educational responsibilities of a milk depot

Dr. Ira S. Wile, clinical pathologist of the children's department of Vanderbilt Clinic

Abstract: The educational *possibilities* of a milk depot are the only limits to its educational *responsibility*. Its possibility is that of making milk depots unnecessary institutions. Its function should not be merely to supply a milk for infant feeding, but at least to teach moth-

ers why it is supplied. Its responsibility is three-fold: to the infant; to the family; to the community. To the child the responsibility of the milk depot lies in attempting to supply a proper milk, *i. e.*, its own mother's milk. An index of the value of a depot lies in the number of nursing mothers visiting it; not in the amount of modified milk sold. At each depot there should be a museum to exhibit all that relates to child hygiene from the prenatal period to the school period. To the family the depot is responsible for teaching the whole household how to keep the children well—not merely how to avoid letting them die. There should be classes for "little mothers" and expectant mothers, as well as for mothers with children. Toward the community the depot has the responsibility of developing mothers capable of bringing up their children to maturity, and of destroying the possible element of truth in the statement that children grow up in spite of their parents, not by means of them.

(6) The responsibilities of general relief agencies in the prevention of infant mortality

Mr. Sherman C. Kingsley, superintendent of the United Charities of Chicago

Abstract: The particular responsibility of relief agencies lies in the fact that their work is in the very homes where babies die in largest numbers. Our philanthropy and our municipal housekeeping ought to be brought to this test: Do they furnish forth conditions that are right for the baby? Where the white hearse goes most often, there you will find the weakest places in your municipal housekeeping.

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The charity organization society, or similar agency, is the natural agency to arouse public interest in the question of infant mortality in a city where it has received scanty attention. In such a place it will probably run afoul of the question of registration of births, of general insanitary conditions, of the problem of desertion, of the problem of the registration of midwives. There are also certain pressing and immediate responsibilities resting upon charitable organizations in connection with their own special work: they should not send pregnant women to wash and scrub; they should make possible a reasonable period of convalescence after the baby is born; they should see to it that the family lives in rooms consistent with health for the baby; they should not encourage a mother to wean her baby in order to go back

to work; they should see to it that the mother herself is properly nourished; they should continue the visits of the nurse until the mother has profited by her instructions; they should be more patient in winning the confidence of the foreign mothers and teaching them.

The conclusion of the whole matter may be suggested in the homely annals of one baby who died: begotten of a father who deserted before the baby came; born in an unsanitary, three room tenement house; attended by a midwife, who was unlicensed and ignorant; unrecorded in the city's book of births; suffered on account of feeding which was in accordance with the traditions of its mother and because she had to earn a living; died without ever having had a drink of water; furnished with a funeral that further impoverished the family.

(7) Results of philanthropic experiments in increasing and decreasing infant mortality

Dr. Woods Hutchinson, lecturer and author

Abstract: Progress of civilization has markedly diminished infant mortality but not at as great a rate as other mortality. The institutional treatment of infants is almost entirely a failure. There is no place like home for growing live children. The chief causes of infant mortality are poverty with its children, ignorance and dirt. The cure is higher wages and shorter hours. Cheap food is usually deficient in nutritive value. Nursing mothers and children must have expensive foods. Any effort helping mothers to work instead of nursing their babies is a mistake. Prizes for large families are a mistake. The death rate is high in families too large to be properly cared for.

At the close of this program the meeting will be open for general discussion of the papers, and of closely related topics if the time-limit of the session permits.

THIRD SESSION

Friday, November 12, 10 a. m.

INSTITUTIONAL PREVENTION OF INFANT MORTALITY

Chairman

Mr. Homer Folks, secretary of the New York State Charities Aid Association

Secretary

Miss Mary Vida Clark, United Charities Building, 105 East 22d St., New York

(1) *Address by the chairman:* Institutional prevention of infant mortality

Abstract: In institutions for providing a home for presumably well infants mortality has always tended to be very high. Of 28,436 babies received at the St. Petersburg Foundling Hospital 24,272 died, 85 per cent. In such institutions mortality has been reduced but is still excessively high, not more than 50 per cent. surviving among the best institutions.

This is *not from neglect*. Artificial feeding is what kills babies in infant homes. Babies and their mothers should be kept together.

Hospitals for sick babies are necessary and valuable.

(2) Providing situations for and otherwise assisting homeless mothers with their infants

Miss Mary R. Mason, agent of the Committee on Assisting and Providing Situations for Mothers with Infants, New York City

Abstract: The death-rate is frequently 90 to 100 per cent. when babies are separated from their mothers.

Agencies find it entirely practicable to place women with babies in domestic service, chiefly in the country or small towns, with wholesome environment. Increasing stringency in the domestic service market increases desirable opportunities. The Philadelphia Society, 1908, placed 609 mothers. In 15 years the New York Agency has provided over 7,000 situations. Statistics are difficult to present as the situation is usually only temporary (until father obtains work, or families are rec-

onciled; many widowed or unmarried marry). In three years (1900-1902) of the mothers kept track of four-fifths of the babies lived and were in good condition; one-fifth died or were in poor condition.

Agencies need closer co-operation with maternity hospitals to induce mothers to keep, not abandon their babies; more temporary homes; more places for training incompetent mothers. The plan of keeping mothers and babies together is susceptible of much wider application.

(3) The care of infants apart from their mothers

Dr. Charles P. Putnam, president and medical director of the Massachusetts Infants' Asylum, president of the Associated Charities, and chairman of the Children's Institutions of Boston

Abstract: Foundling Hospitals charitable in aim. The Massachusetts Infant Asylum to be used as an object lesson. New idea that the concept of a child should imply the concept of a mother. Planned primarily for babies. Sometimes the mothers care too as wet-nurses. For ten years had all the State babies. One-half of first three hundred died. This gradually reduced to 1-14th but larger since 1900. Babies received no matter how ill. More complete investigation and co-operation by paid officers makes more admissions and sicker babies. Of the first 1000 cases 530 legitimate, 470 illegitimate and 69 taken for adoption. No babies taken for adoption during past thirty years. Of the first thousand, 21 mothers deserted, but of last 500 only two possible desertions. Of the first two thousand 377 babies given away in adoption. Now policy quite opposite. Only those admitted that do not properly belong elsewhere. A good hospital a necessity. Boarding-out system now requires whole time of two trained nurses. Thirty-three physicians for babies at board. Mothers required to visit frequently. Parents and others must pay. (1) If mothers cannot be kept with babies, their interest must be kept with them. (2) This keeps as mothers' babies many that otherwise would be thrown upon the public. (3) Many mothers who would have lost a bond to society now retain it.

(4) The care of infants who must be separated from their mothers because of some especial need on the part of the child

Dr. Emelyn Lincoln Coolidge, former resident physician and visiting physician to the outpatient department of the Babies' Hospital of the City of New York; assistant physician in the department of pediatrics, and physician in charge of the babies' class of the Society of the Lying-In Hospital of New York City

Abstract: It is a serious matter to separate a mother and her child especially if the baby is breast fed; but sometimes this is necessary if the mother is too poor and ignorant to care for the baby at home. Babies' Hospitals are very valuable for the treatment of infants who are very ill with some acute disease. If a baby cannot be nursed by its own mother and there is difficulty in feeding it artificially, it would be well to board the child with a reliable wet nurse who is under the control of a Babies' Hospital. Babies sick or well need individual treatment as well as scientific and skilful care. There should be enough nurses in every hospital for babies so that they will have time to hold the patients, at least occasionally, giving them the individual attention which is many times their salvation. The patients in a babies' hospital should not only be looked upon as "interesting cases," but as babies absolutely dependent upon conscientious and tender care.

Physicians and nurses who are to have the care of infants need special training in this particular branch of medicine. Those who graduate from a general hospital or college are not competent to assume the care of sick infants without first devoting considerable time to conscientious study of the diseases of infancy and childhood.

In a babies' hospital small wards are desirable, ten or twelve beds in each ward being about the right number. If contagion then breaks out the ward may be isolated and the disease checked at the start. Plenty of fresh air and sunlight must fill all the wards where babies are kept.

(5) Assisting mothers in the care of sick infants in their own homes

Miss Lillian D. Wald, head-worker in the Nurses' Settlement of New York City

Abstract: An important factor in lowered infant mortality is the skilled district nurse who gives serious nursing care in the homes, viz.: the daily thorough bathing, the antiseptic care of mouth, nasal passage, eyes and external excretory organs; application of medical treatment, of hydrotherapy, dressings, etc.; who keeps records and makes observations, teaches the members of family how to ventilate, prepare diet, maintain the best available surroundings; and who secures the use of all necessary equipment and appliances for comfort of the patient. An illustration of the value of such service is given by the figures of the Settlement of pneumonia and bronchitis in children whose ages ranged from two weeks to two years, these figures covering only three months' time.

Total number cases pneumonia and bronchitis, 156

Divided as follows:

Lobar pneumonia, 64 cases (died, 9; sent to hospital, 4; cured, 51)

Broncho-pneumonia, 84 cases (died, 6; sent to hospital, 24; cured, 54)

Pleuro-pneumonia, 8 cases (died, 2; sent to hospital, 6)

Bronchitis, 11 cases (sent to hospital, 2; cured 9)

During the same three months cases of intestinal disorder of various kinds diarrhoea, dysentery, enteritis, malnutrition, colitis, thrush, etc., etc., in children of the same ages

Total, 72 cases (sent to hospital, 11; died, 7; cured, 54)

Hospital cases were usually complicated by some infectious disease.

The pneumonia cases were in the large majority of cases of marked severity. Many of the intestinal cases also were serious and required most careful management.

FOURTH SESSION

Friday, November 12, 2.30 p. m.

EDUCATIONAL PREVENTION OF INFANT MORTALITY

Chairman

Prof. C.-E. A. Winslow, biologist-in-chief of the Laboratory for Sanitary Research, Massachusetts Institute of Technology

Secretary

Dr. Henry I. Bowditch, of the Floating and Infants' Hospitals, Boston, and Harvard Medical School

I THE PARENT THE STRATEGIC POINT OF THE PRESENT

- (1) The Division of Child Hygiene and the reduction of infant mortality in the city of New York

Dr. Thomas Darlington, health commissioner of New York

Abstract: The importance of preventive measures in the hygiene of infancy and childhood. Efforts for the reduction of infant mortality should be followed by those tending toward the preservation of the health of the child. Correlation of all activities relating to child health in New York City by the formation of a Division of Child Hygiene includes the supervision of mid-wives, control of the boarding out of foundling infants, inspection of day nurseries and institutions harboring children, instruction of mothers in the care of babies, medical inspection and examination of school children and issuance of employment certificates, thus maintaining supervision of the health of children from birth to puberty. Importance of educational measures in public health work. Most essential feature is personal instruction in the home. Description of methods employed. Analysis of death rates from various diseases. Marked decrease in death rate from diarrhoeal diseases, particularly during the past summer. Factors contributing to this decline. Plan for future work.

(2) The three years' experience of the Babies' Dispensary and Hospital of Cleveland in the education of the mother

Dr. H. J. Gerstenberger, physician in charge of the Babies' Dispensary and Hospital of Cleveland

Abstract: A description of the methods used by the Babies' Dispensary and Hospital designed to promote nursing and regular visits by the mother to the dispensary for prophylactic advice by the physician. A critical study of the value of these methods by statistical determination of the results obtained in 201 cases referred to the dispensary soon after birth by obstetric dispensaries. The question of giving premiums, as carried out in Germany, to promote regular attendance and nursing. The experience of the Babies' Dispensary in giving illustrated educational lectures, and sending out educational literature. The desirability of a system by which the relatively large loss of families through moving could be avoided.

(3) An outline for the study and prevention of infant mortality for boards of health of small cities

Mr. Selskar M. Gunn, health officer, Orange, New Jersey

Abstract: The necessity for small cities taking more interest in the study and prevention of infant mortality. The value of a thorough study of the problem from the statistical point of view. The causes of death. So-called "unavoidable causes" and causes recognized as preventable. The necessity for the Board of Health having good relationships with the Bureau of Charity, Diet Kitchen, Visiting Nurses' Settlement, etc. How to reach the mother as soon as possible after the birth of her child. Difficulties of educating young women in the principles of sex hygiene, maternity and the care of infants before their marriage. The work of the visiting nurses. The importance of hospitals and dispensaries. Other branches of public health work that must be carried on. A plea for an organized campaign in small cities as there has been in some of the larger communities.

Five minute discussions by Dr. Charles V. Chapin, superintendent of health, Providence; Dr. J. S. Neff, director of public health and charities, Philadelphia; Dr. John M. Connolly, medical director of Boston Committee on Milk and Baby Hygiene; Prof. Irving Fisher of Yale University; Dr. Bowditch and others.

II WHO SHOULD AND SHOULD NOT BE PARENTS

(4) Fit and unfit matings

Prof. C. B. Davenport, director of the Station for Experimental Evolution, Long Island, N. Y.

Abstract: An attempt to give the latest results of study on the inheritance of abnormalities and diseases. Greater precision in predicting hereditary transmission has been acquired since the establishment of the principles that human characteristics are inherited separately of one another; that they do not blend in heredity; and that when an elementary characteristic is absent from both parents it will be absent from all children. Wherever an undesirable abnormality is due to an hereditary factor, as it is in short fingers, hereditary cataract, nightblindness, polydactylism, syndactylism or "lobster clawed" hand, and, perhaps, diabetes, normal offspring of strains in which the defect is hereditary will never have abnormal children. But in cases where the undesirable condition is due to the lack of some characteristic normally present, the children of two similar abnormals will all be abnormal as in albinism, imbecility, and certain forms of weakness in the mucous membranes. In such cases the marriage of defectives to persons strong in the corresponding parts is recommended.

(5) The limits of eugenics

Prof. Albert G. Keller, professor of the science of society, Yale University

Abstract: The ultimate limits of the application of any social innovation lie in the customs, conventions, and habitudes of the society in question—lie, in a word, in the folkways. Galton, in his desire to introduce Eugenics "into the national conscience like a new religion" really wishes to get Eugenics in among these elemental conventions and habitudes. To understand, then, the limits set to his enterprise, it is needful to consider the nature of the latter and the mode of their origin. This has been worked out in masterly fashion by Professor W. G. Sumner in his volume called "Folkways." The folkways are really uncoded societal conventions and habitudes, sanctioned by religion and including a judgment that they are conducive to societal welfare. They grow up naturally throughout human history; the origin of all the most elemental are lost in hoary antiquity; they are not products of study and reason, and are not amenable to rational criticism or alteration. Passing fashions are the less inveterate of the folkways. Attempted alterations of so elemental a body of conventions and prejudices as has grown up about a function so elemental

as that of procreation are sure to meet the solid inertia of human prejudice and blind conservatism. Hence these ultimate limits are likely to come into evidence and should be understood.

What Eugenists can do, in this "age of reason," is to combat the grosser manifestations of counter-selection or breeding from the unfit, through the means of legislation and education. Sympathy for the unfortunate unfit should not extend to the granting of the right of procreation, by which the parental unfitness is perpetuated at the expense of the fit who, at the very least, are taxed to afford the relief given. Here, too, any hurried or radical enterprise (e. g. the abrupt enforcement of premarital physical examination) is sure to run afoul of the folkways (e. g. the sense of modesty). But there is yet another way to work for eugenics; and that is to expand, so far as possible, the limits set for it by ignorance; to invoke an actual fear of consequences. This is the province of the medical man, who is in the position to know the dangers and to some extent to enforce what he knows upon a number of people. Laws forbidding the most frequent cases of counter-selection (e. g. marriage of idiots) can be passed by the educated minority, and enforced by the machinery of the state upon the ignorant or careless. There can be no grand overturning of what has existed time out of mind, but there can be a skillful elimination of certain gross extremes of man-breeding.

Five minute discussions by Dr. W. H. Carmalt of Yale Medical School; Dr. F. A. Woods and others

III THE EDUCATION OF THE PARENTS OF THE FUTURE

(6) The responsibility of the medical profession for public education in hygiene

Dr. John M. Tyler, professor of biology, Amherst College

Abstract: The best means of decreasing infant mortality is to make sure of a race of healthy babies. Healthy children demand healthy parents. The next generation of parents is being made strong or weak in home and school today by an environment furnished by parents and teachers. These latter cannot be too well instructed in physiology, hygiene, and biology. The possibilities, value, glory, and necessity of a vigorous and efficient life cannot be too strongly emphasized and clearly taught. Instruction of every kind has its place and value; but instruction through books and schools is inadequate. It can neither teach nor make allowance for individual differences in constitution and habit. It will probably fall on deaf ears or if heard and heeded will

be misapplied. The most unfortunate child in the world is the one brought up according to theories framed from the study of books or from the lectures of the most learned and wise teachers. We parents and teachers need the sound advice of the practical and experienced physician far more than lectures, treatises or textbooks. This we can safely follow. The physician should advise the parent as the lawyer advises his client or the banker the investor. No amount of study, however valuable, can replace such advice. Most of us will follow it for our children, if not for ourselves. Preventive medicine is the watchword of the day, and such instruction by our best physicians is one of the most important parts of the new work. It is being done to a certain extent already, it should be a far larger part of the work of the earnest and patriotic physician.

(7) The foundations of prevention

Dr. William T. Sedgwick, professor of biology, Massachusetts Institute of Technology

Abstract: Discussion of infant mortality in the 18th century centered largely around infant damnation. In the 19th century it shifted to post-mortem salvation, and in the 20th is turning toward prevention. So long as one of the most powerful intellects of the 18th century—Jonathan Edwards—could affirm that infants, not of the elect, “are, in the sight of God, as young vipers,” it was natural for more common folk to contemplate an excessive infant mortality not perhaps with satisfaction but with resignation.

The watchword of a scientific age is prevention. The prevention of waste, the prevention of poverty, crime, pain, disease and premature death are now debated as never before. But scientific prevention requires for its foundations the completest possible knowledge of nature, including human nature, and of natural law; and above all more careful studies in biology, the science which lies at the basis of all knowledge of life and death. We must have also more and better training in all sorts of applied biology, such as hygiene and sanitation and eugenics, before we can expect to interfere wisely with natural processes or to control successfully the blind forces at work about and upon and within us.

Five minute discussions by Prof. C. F. Hodge of Clark University; Professors E. L. Thorndike and M. A. Bigelow of Teachers' College, Columbia University, and others

EXECUTIVE SESSION

(NOT OPEN TO THE PUBLIC)

American Academy of Medicine

Friday, November 12, 5.30 p. m.

To consider the business outlined by the President in his call for the meeting published in the October *Bulletin of the American Academy of Medicine*, 1909. This includes the election of Fellows.

SOCIAL SESSION

Guests for the Social Session will meet at Woolsey Hall at seven o'clock, Friday evening.

Dinner tickets (\$2.50) can be purchased at the Registration Bureau, and at the New Haven House; *this should be done before noon Friday* for the convenience of the Committee on Arrangements.

THE PROCEEDINGS OF THE CONFERENCE

AND THE

BULLETIN OF THE AMERICAN ACADEMY OF MEDICINE

The papers and discussions are to be published in the *Bulletin of the American Academy of Medicine* (a bi-monthly journal specializing in medical sociology), beginning with the February issue.

Annual subscription, \$3.00; single number, 50 cents

In one volume: if there is sufficient demand the proceedings will be issued in book form; one volume in paper, \$2.50; in cloth, \$3.00. After the Conference the price will be raised.

Subscriptions can be paid at the Registration Bureau; or, in advance, by check to the order of the American Academy of Medicine, sent to the secretary.

The October Bulletin contains the valuable symposium on Exceptional Children of the Thirty-fourth Annual Meeting. It can be obtained at the Registration Bureau.

The December Bulletin will publish the symposium on Contract Practice.

MEMBERSHIP IN THE ACADEMY

Any physician possessing a first degree in addition to the M. D. is eligible. Physicians are also invited who, although not having the first degree, have secured an equivalent liberal education. Application blanks may be had at the Registration Bureau.

The Academy devotes its attention to raising the standard of academic and professional training for those preparing to practise medicine; and to the problems in sociology connected with medicine and with the physician.

REGISTRATION BUREAU

All who attend, in whatever capacity, are invited to register. There is no fee.

HEADQUARTERS

The parlors of the New Haven House are open to all attending the Conference.

HOTELS

New Haven House (American plan), headquarters: \$4.00 a day; with bath, \$5.00

Hotel Garde (American), \$2.50; with bath, \$3.00

The Tontine (European), \$1.50; with bath, \$2.50

Grove Hall, Duncan Hall and Warren Hall are excellent small family hotels.

Further information can be obtained by addressing the chairman or the secretary of the Committee on Local Arrangements.

